

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000037972

FILED
Jun 23, 2008
Secretary of State

Entity Name: CROSSROADS PRODUCTION STUDIO, LLC

Current Principal Place of Business:

151 SPANISH OAK LANE
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4190
APOPKA, FL 32704

New Mailing Address:

FEI Number: 20-4683268 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SYLVAIN, SAMERSON M
151 SPANISH OAK LANE
APOPKA, FL 32703 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SYLVAIN, VALENSKY
Address: 458 WEKIVA PRESERVE DRIVE
City-St-Zip: APOPKA, FL 32712

Title: MGRM () Delete
Name: SYLVAIN, SAMERSON
Address: 151 SPANISH OAK LANE
City-St-Zip: APOPKA, FL 32703

Title: MGRM () Delete
Name: BEN-EVI, ADAM
Address: 759 LITTLE WEKIVA CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SAMERSON SYLVAIN

MGRM

06/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date